

MULTIPLE DEPENDENT CLAIM

FOR CALCULATION SHEET
FOR USE WITH FORM PTO-870

SERIAL NO. 10/510473 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3				
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50				
TOTAL IND.	2			
TOTAL DEP.	24			
TOTAL CLAIMS	26			

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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			